

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1862
 County Registrar No. 141
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobby Jean Elmer
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 6-30-27
 Month Day Year

8. FATHER

Full name Osburn Elmer

9. Residence (Usual place of abode)

If non-resident, give place and state. Globe, Arizona

10. Color or race

White

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Weber Colorado

(State or country)

13. Occupation

Nature of industry laborer

14. MOTHER

Full maiden name Jennie Crippen Maskey

15. Residence (Usual place of abode)

If non-resident, give place and state. Globe, Arizona

16. Color or race

White

17. Age at last birthday 17 (Years)

18. Birthplace (city or place)

(State or country) Globe, Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:05 m. on the date above stated
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams

(Physician or midwife)

Address Box 636, Globe Arizona

Given name added from a supplemental report

Month, day, year

259-630-148

Registrar

Filed 7-31, 1927

Filed _____, 19____

Local Registrar.

County Registrar.